

FILED OCT 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35537  
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 185

S. 300 4  
1-57

1. PLACE OF DEATH a. COUNTY <b>Grady</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Grady</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		c. CITY OR TOWN <b>Trenton</b>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>E. Crowder Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>Grant St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>M.</b> Last <b>Bridges</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>19</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 15, 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Linn Co. Mo</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John C. Bridges</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Pickens</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. AM. Bridges</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. AM. Bridges</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>332X</b> DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterio Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:30 p.m.</b> Month, Day, Year <b>10/19/57</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Trenton Mo.</b>	
21. I attended the deceased from Death occurred at <b>10/19/57 1:30 p.m.</b>		and last saw him alive on <b>10/19/57</b>	
22a. SIGNATURE (Degree or title) <b>J. Gordon Blackmore</b>		22b. ADDRESS <b>Trenton Mo.</b>	
22c. DATE SIGNED <b>10/21/57</b>		22d. DATE SIGNED <b>10/21/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/21/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>N. P. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Trenton Mo.</b>	
24. FUNERAL DIRECTOR <b>J. Gordon Blackmore</b>		25. DATE RECD. BY LOCAL REG. <b>10/21/57</b>	
26. REGISTRAR'S SIGNATURE <b>J. Gordon Blackmore</b>		26. REGISTRAR'S SIGNATURE <b>J. Gordon Blackmore</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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Dr. MAIR

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Claude H Crandall Jr.

Licensed Embalmer No. 4986

P. O. Address Denton, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.